must fulfill specific criteria. To date, there is no conclusion regarding the value of pituitary abla-

Despite advances in these techniques, which may permit control of the nonproliferative and proliferative stages of diabetic retinopathy, proper management rests with recognition at the earliest stages of the disease. To improve their visual prognosis, diabetics must have ophthalmic evaluations regularly.

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#### REFERENCES

Severin R: Diabetic retinopathy. In Sevin R: Adv Ophthalmol. Basel, Karger, 1971, 24:315-375

Zweng H: Argon laser photocoagulation of diabetic retinopathy. In Secondary Detachment of the retina, Mod Probl Ophthalmol. Basel, Karger, 1972, 10:636-643

## Rhabdomyosarcoma of the Orbit

ELECTRON MICROSCOPY has become am important method of studying and identifying the different types of orbital tumor.

Rhabdomyosarcoma is the most common malignant tumor of the orbit in children. It may be present at birth but the average age of onset is around 8 years of age. The clinical signs have a rapid evolution with proptosis, lid and conjunctival edema, limitation of motion, papilledema and some pain. Nasal bleeding may occur if the ethmoid area is invaded. The diagnosis is made after biopsy. Histologically the tumors exhibit a varying pattern. It is now believed that, in contrast to those of adults, these tumors do not arise from pre-existing muscles, but originate from undifferentiated orbital mesenchymal tissue. Most rhabdomyosarcomas of the orbit are pleomorphic, exhibiting spindle cells with abundant cytoplasm in some areas, alveolar patterns in others, and differentiation into striated muscle cells in still other portions. Cross striations are found in only 50 to 60 percent of these tumors, and they may be identified in the cells of metastatic lesions in cases where the primary tumor showed no striations. With the electron miscroscope the muscular nature of many of the cells becomes apparent. Some cells show sarcomeres with well developed Z bands, others that are rudimentary. Many cells are encountered in which only bundles of thick and thin actimyosin fibrils are identified.

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#### REFERENCES

Jones IS, Reese AB, Kraut J: Orbital rhabdomyosarcoma. Am J Ophthalmol 61:721-736, Apr 1966 Kroll AJ: Fine structural classification of orbital rhabdomyosar-coma. Invest Ophthalmol 6:531-543, Oct 1967

### Prophylaxis in Cataract Surgery

THE PROLONGED TOPICAL or systemic use of various combinations of antibiotics preoperatively to prevent infection in cataract operations has been discarded and the most recent work by Boyd, Welsh and others indicates that the subconjunctival injection of garamycin (Gentamycin®) 20 mg in solution, upon surgical entry of the operating field, is the best method. This particular antibiotic will penetrate the aqueous humor within five minutes and it is the opinion of the investigators that it is fully five minutes, with the usual preliminaries, before the anterior chamber is actually open.

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### REFERENCES

Boyd BF: The latest concepts on the main causes of failure in cataract surgery—Infection. Highlights Ophthalmol 1:1-4, Jan 1972

Burns, R: Antibiotic prophylaxis in cataract surgery. Trans Am Ophthalmol. In press.

# Desferrioxamine B in Treatment of Ocular Foreign Bodies

DEFEROXAMINE (DESFERRIOXAMINE B) has been found useful in the treatment of ocular iron-containing foreign bodies which otherwise may produce siderosis bulbi and loss of vision. It has been used for either corneal or intraocular foreign bodies. Skilled surgical extraction is the treatment of choice but if this is unsuccessful deferoxamine therapy should be considered. Five